



County of San Bernardino

F A S

CONTRACT TRANSMITTAL

FOR COUNTY USE ONLY

| | | | | | |
|---|---------------------|--|--|---|----------------------------------|
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel | Vendor Code | SC | Dept. PHL | A | Contract Number |
| County Department Public Health | | Dept. Orgn. PHL PHL | | Contractor's License No. | |
| County Department Contract Representative Vanessa Long | | Telephone 388-5613 | | Total Amount | |
| Contract Type <input type="checkbox"/> Revenue <input type="checkbox"/> Encumbered <input type="checkbox"/> Unencumbered <input checked="" type="checkbox"/> Other: Allocation | | | | | |
| If not encumbered or revenue contract type, provide reason: | | | | | |
| Commodity Code | | Contract Start Date July 1, 2005 | | Contract End Date June 30, 2010 | |
| Fund AAA | Dept. PHL | Organization 3305 | Appr. | Obj/Rev Source 8710 | GRC/PROJ/JOB No. 93470 |
| Fund | Dept. | Organization | Appr. | Obj/Rev Source | GRC/PROJ/JOB No. |
| Fund | Dept. | Organization | Appr. | Obj/Rev Source | GRC/PROJ/JOB No. |
| Project Name Community Challenge Grant | | | Estimated Payment Total by Fiscal Year | | |
| | | | FY | Amount | I/D |
| | | | | | |
| | | | | | |
| | | | | | |

CONTRACTOR State Department of Health Services, Office of Family Planning

Federal ID No. or Social Security No. _____

Contractor's Representative Martha Torres-Montoya, MSPH, Chief, Community Challenge Grant Program

Address MS 8404, P.O. Box 997413, Sacramento, CA 95899-7413

Phone 916-650-0414

Nature of Contract: *(Briefly describe the general terms of the contract)*

This is an application to the California State Department of Health Services, Office of Family Planning, for the Community Challenge Grant for the five-year period of July 1, 2005 through June 30, 2010.

(Attach this transmittal to all contracts not prepared on the "Standard Contract" form.)

Approved as to Legal Form (sign in blue ink)

Reviewed as to Contract Compliance

Presented to BOS for Signature

County Counsel (Charles Larkin)

Department Head (James A. Felten)

Auditor/Controller-Recorder Use Only

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|--|------------------------------|
| <input type="checkbox"/> Contract Database | <input type="checkbox"/> FAS |
| Input Date | Keyed By |

Date _____

Date _____

Date _____

Auditor/Controller-Recorder Use Only

| | |
|--|------------------------------|
| <input type="checkbox"/> Contract Database | <input type="checkbox"/> FAS |
| Input Date | Keyed By |